		1R-16U
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name,	, state bar number, and address):	FOR COURT USE ONLY
_		
TELEPHONE NO.:	FAX NO.:	
ATTORNEY FOR (Name):		
NAME OF COURT:		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PEOPLE OF T	THE STATE OF CALIFORNIA	
	VS.	
DEFENDANT/APPELLANT (Name):		
DRODOSED STATE	MENT ON ADDEAL (Infraction)	CASE NUMBER:
PROPOSED STATE	MENT ON APPEAL (Infraction)	
Defendant/Appellant (name):	submits the following <i>Proposed</i>	l Statement on Appeal:
,	Ç ,	
GROUNDS FOR APPEAL		
1. (Specify in detail your reasons for w	why you feel the judge committed "error" regarding the	e law or procedure. Note that credibility of
witnesses is generally not a basis for	or appeal):	
a.		
b.		
C.		
d.		
_		
e.		
f.		
1.		
STATEMENT OF EVIDENCE		
	s reported by an official court reporter or electronically	recorded and appellant intends to file a
reporter's transcript of the evid	dence and proceedings so reported and to make the t	ranscript appellant's statement on appeal.
•		
3. Instead of a transcript the appe	ellant is submitting the following statement on appeal	:
a. Officer (name):		and in detail the testimony of the officer; do
	our opinion regarding the officer's testimony):	, , , , , ,
3 ,		

(Continued on reverse)

_	DPLE OF THE STATE OF CALIFORNIA		CASE NUMBER:		
vs. DEFENDANT/APPELLANT (Name):					
3. (0	3. (Continued) b. Defendant testified that (set forth defendant's testimony accurately and in detail):				
C.	Witness (name): detail):	was called and testified that (set f	forth witness's testimony accurately and in		

(Continued on page three)

PEOPLE OF THE STATE OF CALIFORNIA	CASE NUMBER:			
vs. DEFENDANT/APPELLANT <i>(Name)</i> :				
22. 22. utinu i 225 uti (numo).				
3. c. (Witness testimony continued)				
Please attach separate page(s) labeled "Attachment 3d," "Attachmen	nt 3e," etc. for each other witness.			
FINDINGS OF THE COURT 4. The court determined I was guilty and assessed a fine of: \$				
5. Number of pages attached:				
Date:				
L				
(TYDE OD DDINT NAME) (CICAL	ATLIDE OF DEFENDANT/ADDELLANT OR ATTARMEY			
(TYPE OR PRINT NAME) (SIGN	ATURE OF DEFENDANT/APPELLANT OR ATTORNEY)			

(Proof of service on reverse)

PEOPLE OF THE STATE OF CALIFORNIA			CASE NUMBER:		
VS.					
DEFENDANT/APPE	ELLANT (Name):				
	A copy of this document must be ma YOU MAY NOT PERFORM THE MAILI complete the information below and i mail, postage prepaid. When the fron original may then be filed with the co	NG YOURSELF. You must have mail the front and back of each ts and backs of this document	e a party who is at least 18 years old		
PROOF OF SERVICE BY MAIL					
1. I am over the ag	ge of 18 and NOT a party to this action.	am a resident of or employed in	the county where the mailing took place.		
2. My residence or	2. My residence or business address is (specify):				
 3. I served a copy of the <i>Proposed Statement on Appeal</i> by enclosing it in an envelope AND a. depositing the sealed envelope with the United States Postal Service with the postage fully prepaid. b. placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid. 4. The envelope was addressed and mailed as follows: a. (Name of county): District Attorney/City Attorney 					
	: ling <i>(city and state)</i> : penalty of perjury under the laws of the S	State of California that the foregoi	ing is true and correct.		
Date:					

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)